




UTILITY PATENT APPLICATION TRANSMITTAL		Attorney Docket No. 011738.00136																																	
(Only for new nonprovisional applications under 37 C.F.R. 1.53(b))		First Inventor Rise																																	
		Title MEDICAL DEVICE SYSTEM WITH RELAYING MODULE FOR TREATMENT OF NERVOUS SYSTEM DISORDERS																																	
		Express Mail Label No. EV306394627US																																	
APPLICATION ELEMENTS See MPEP chapter 600 concerning utility patent application contents.		ADDRESS TO: Assistant Commissioner for Patents Box Patent Application Washington, DC 20231																																	
<div>1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) <i>(Submit an original and a duplicate for fee processing)</i></div> <div>2. <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.</div> <div>3. <input checked="" type="checkbox"/> Specification [Total Pages 73] <i>(preferred arrangement set forth below)</i><ul style="list-style-type: none">- Descriptive title of the Invention- Cross Reference to Related Applications- Statement Regarding Fed sponsored R & D- Reference to sequence listing, a table, or a computer program listing appendix- Background of the Invention- Brief Summary of the Invention- Brief Description of the Drawings (if filed)- Detailed Description- Claim(s)- Abstract of the Disclosure</div> <div>4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets 33]<ul style="list-style-type: none">a. <input checked="" type="checkbox"/> Formal; orb. <input type="checkbox"/> Informal</div> <div>5. Oath or Declaration [Total Pages]<ul style="list-style-type: none">a. <input type="checkbox"/> Newly executed (original or copy); orb. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63 (d)) <i>(for a continuation/divisional with Box 18 completed)</i>i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).</div> <div>6. <input checked="" type="checkbox"/> Application Data Sheet. See 37 CFR 1.76</div>		<div>7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (<i>Appendix</i>)</div> <div>8. Nucleotide and/or Amino Acid Sequence Submission (<i>if applicable, all necessary</i>)<ul style="list-style-type: none">a. <input type="checkbox"/> Computer Readable Form (CRF)b. Specification Sequence Listing on:<ul style="list-style-type: none">i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); orii. <input type="checkbox"/> paperc. <input type="checkbox"/> Statements verifying identity of above copies</div>																																	
		ACCOMPANYING APPLICATIONS PARTS																																	
		<div>9. <input type="checkbox"/> Assignment Papers (cover sheet & document(s))</div> <div>10. <input type="checkbox"/> 37 C.F.R. §3.73(b) Statement <input type="checkbox"/> Power of Attorney <i>(when there is an assignee)</i></div> <div>11. <input type="checkbox"/> English Translation Document (<i>if applicable</i>)</div> <div>12. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations</div> <div>13. <input type="checkbox"/> Preliminary Amendment</div> <div>14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <i>(Should be specifically itemized)</i></div> <div>15. <input type="checkbox"/> Certified Copy of Priority Document(s) <i>(if foreign priority is claimed)</i></div> <div>16. <input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.</div> <div>17. <input type="checkbox"/> Other: _____</div>																																	
18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76: <div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP)</div><div>of prior application No: _____ / _____</div></div> <div style="display: flex; justify-content: space-between;"><div>Prior application information: Examiner _____</div><div>Group / Art Unit: _____</div></div> <p>For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying or divisional application and is hereby incorporated by reference. The incorporation <u>can only</u> be relied upon when a portion has been inadvertently omitted from the submitted application parts.</p>																																			
17. CORRESPONDENCE ADDRESS																																			
<div style="display: flex; align-items: center;"><div><input checked="" type="checkbox"/> Customer Number or Bar Code Label</div><div style="border: 1px solid black; padding: 2px; margin: 0 10px;">22908</div><div style="margin-left: 10px;">or <input checked="" type="checkbox"/> Correspondence address below</div></div> <div style="text-align: center; margin-top: 5px;"><i>(Insert Customer No. or Attach bar code label here)</i></div>																																			
<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 15%; padding: 2px;">Name</td><td colspan="3" style="padding: 2px;">Binal J. Patel</td></tr><tr><td style="padding: 2px;"></td><td colspan="3" style="padding: 2px;">Banner& Witcoff, Ltd.</td></tr><tr><td style="padding: 2px;">Address</td><td colspan="3" style="padding: 2px;">10 South Wacker Drive</td></tr><tr><td style="padding: 2px;"></td><td colspan="3" style="padding: 2px;">Suite 3000</td></tr><tr><td style="padding: 2px;">City</td><td style="padding: 2px;">Chicago</td><td style="padding: 2px;">State</td><td style="padding: 2px;">Illinois</td></tr><tr><td style="padding: 2px;"></td><td style="padding: 2px;"></td><td style="padding: 2px;">Zip Code</td><td style="padding: 2px;">60606</td></tr><tr><td style="padding: 2px;">Country</td><td style="padding: 2px;">U.S.A.</td><td style="padding: 2px;">Telephone</td><td style="padding: 2px;">312-463-5000</td></tr><tr><td style="padding: 2px;"></td><td style="padding: 2px;"></td><td style="padding: 2px;">Fax</td><td style="padding: 2px;">312-463-5001</td></tr></table>				Name	Binal J. Patel				Banner& Witcoff, Ltd.			Address	10 South Wacker Drive				Suite 3000			City	Chicago	State	Illinois			Zip Code	60606	Country	U.S.A.	Telephone	312-463-5000			Fax	312-463-5001
Name	Binal J. Patel																																		
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<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 25%; padding: 2px;">Name (Print/Type)</td><td style="padding: 2px;">Binal J. Patel</td><td style="width: 35%; padding: 2px;">Registration No. (Attorney/Agent)</td><td style="padding: 2px;">42,065</td></tr><tr><td style="padding: 2px;">Signature</td><td style="padding: 2px;"></td><td style="padding: 2px;">Date</td><td style="padding: 2px;">October 15, 2003</td></tr></table>				Name (Print/Type)	Binal J. Patel	Registration No. (Attorney/Agent)	42,065	Signature		Date	October 15, 2003																								
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Signature		Date	October 15, 2003																																

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FEE TRANSMITTAL for FY 2004

Effective 10/01/2003. Patent fees are subject to annual revision.

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 842

Complete if Known

Application Number
Filing Date October 15, 2003
First Named Inventor Rise
Examiner Name
Art Unit
Attorney Docket No. 011738.00136

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit card ☐ Money ☐ Other ☒ None
Order

☐ Deposit Account:
Deposit
Account
Number

19-0733

Deposit
Account
Name

Banner & Witcoff, LTD.

The Director is authorized to: (check all that apply)

☐ Charge fee(s) indicated below ☐ Credit any overpayments
☐ Charge any additional fee(s) during the pendency of this application
☐ Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

FEE CALCULATION

1. BASIC FILING FEE

Large Entity		Small Entity		Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)		
1001	770	2001	385	Utility filing fee	770
1002	340	2002	170	Design filing fee	
1003	530	2003	265	Plant filing fee	
1004	770	2004	385	Reissue filing fee	
1005	160	2005	80	Provisional filing fee	
SUBTOTAL (1)					(\$ 770)

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

Total Claims	Extra Claims	Fee from below	Fee Paid
24	-20 ** = 4	X 18 = 72	
Independent Claims	2	-3 ** = 0	X 86 = 0
Multiple Dependent	0	X	= 0

Large Entity		Small Entity		Fee Description
Fee Code	Fee (\$)	Fee Code	Fee (\$)	
1202	18	2202	9	Claims in excess of 20
1201	86	2201	43	Independent claims in excess of 3
1203	290	2203	145	Multiple dependent claim, if not paid
1204	86	2204	43	** Reissue independent claims over original patent
1205	18	2205	9	** Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) (\$ 72

**or number previously paid, if greater; For Reissues, see above

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Large Entity		Small Entity		Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)		
1051	130	2051	65	Surcharge - late filing fee or oath	
1052	50	2052	25	Surcharge - late provisional filing fee or cover sheet.	
1053	130	1053	130	Non-English specification	
1812	2,520	1812	2,520	For filing a request for reexamination	
1804	920*	1804	920*	Requesting publication of SIR prior to Examiner action	
1805	1,840*	1805	1,840*	Requesting publication of SIR after Examiner action	
1251	110	2251	55	Extension for reply within first month	
1252	420	2252	210	Extension for reply within second month	
1253	950	2253	475	Extension for reply within third month	
1254	1,480	2254	740	Extension for reply within fourth month	
1255	2,010	2255	1,005	Extension for reply within fifth month	
1401	330	2401	165	Notice of Appeal	
1402	330	2402	165	Filing a brief in support of an appeal	
1403	290	2403	145	Request for oral hearing	
1451	1,510	1451	1,510	Petition to institute a public use proceeding	
1452	110	2452	55	Petition to revive - unavoidable	
1453	1,330	2453	665	Petition to revive - unintentional	
1501	1,330	2501	665	Utility issue fee (or reissue)	
1502	480	2502	240	Design issue fee	
1503	640	2503	320	Plant issue fee	
1460	130	1460	130	Petitions to the Commissioner	
1807	50	1807	50	Processing fee under 37 CFR 1.17 (q)	
1806	180	1806	180	Submission of Information Disclosure Stmt	
8021	40	8021	40	Recording each patent assignment per property (times number of properties)	
1809	770	2809	385	Filing a submission after final rejection (37 CFR § 1.129(a))	
1810	770	2810	385	For each additional invention to be examined (37 CFR § 1.129(b))	
1801	770	2801	385	Request for Continued Examination (RCE)	
1802	900	1802	900	Request for expedited examination of a design application	

Other fee (specify) _____

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$ 0

SUBMITTED BY

Complete (if applicable)

Name (Print/Type) Binal J. Patel Registration No. (Attorney/Agent) 42,065 Telephone 312-463-5000
Signature Date 10-15-03

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

This collection of information is required by 37 CFR 1.17 and 1.27. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing this form, call 1-800-PTO-9199 (1-800-786-9199) and select option 2.

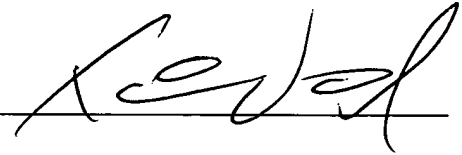
CERTIFICATE OF EXPRESS MAIL
(PATENT)

Express Mail No.: EV306394627US

Deposited: October 15, 2003

I hereby certify that the attached correspondence, identified below, is being deposited with the United States Postal Service as "Express Mail Post Office to Addressee" under 37 CFR §1.10 on the date indicated above and is addressed to Mail Stop Patent Application, Commissioner for Patents, P.o. Box 1450, Alexandria, VA 22313-1450.

By: _____



Title: MEDICAL DEVICE SYSTEM WITH RELAYING MODULE FOR TREATMENTS OF NERVOUS SYSTEM DISORDERS

Inventor: Rise et al.

Serial No.:

Filing Date: October 15, 2003

- Fee Transmittal Sheet (1 page) in duplicate
- Utility Patent Transmittal (1 page) in duplicate
- ADS (4 pages)
- Specification (73 pages) 24 claims/2 independent and abstract
- Formal Drawings Figs. 1-33 (33 pages)
- Return Receipt Post Card

Attorney Docket No.: 011738.00136